The Hampden Hippocrat

APRIL 1971

Quack — Old and New

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VOL. XXVII, NO. 4 APRIL 1971

CONTENTS

EDITORIAL
NOT A GIFT 4

PRESIDENT'S PAGE
BOOK REVIEW AND COMMENTS 5

HDMS COMMITTEES' ANNUAL REPORTS 7

FOUNDATIONS FOR MEDICAL CARE 15

HEALTH QUACKERY: 40 YEARS LATER 17

COMMUNITY PARTICIPATION IN
COMMUNITY HEALTH SERVICES 20

HDMS EXECUTIVE COMMITTEE 24

IN MEMORIAM
PAUL NATHAN, M.D.
GEORGE B. CORCORAN, M.D. 27

CAREER TERMINATION AND OFFICE
PATIENT RECORDS 28

HAMPDEN CAPSULES 29

THE HAMPDEN HIPPOCRAT

A bulletin for
The Hampden District of
The Massachusetts
Medical Society

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Editorial . . . NOT A GIFT

"Health cannot be given to people; it demands their participation."
— Rene Sand

The ever growing debate over national health insurance, the continuing new proposals for restructuring the health care delivery system, the insistance on turning out more health professionals, and the increasing concern for the environment seem to overlook one important factor. What about each individual's responsibility toward his own health?

NOT BY OTHERS ALONE

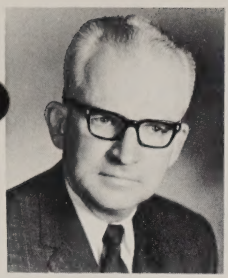
There are far too many who feel that unlimited access to physicians, hospitals, HMO's, and various other health facilities is all that is necessary to improve the health status of our people. Even if government or the private sector or the combination of the two did indeed provide facilities, manpower, and financial resources to make health services readily available and accessible, the improvement in our national morbidity and mortality statistics may very well be disappointingly small. There are many major contributors to morbidity and mortality statistics about which government and health care resources can do little to nothing. Consider such examples as accidents; such indulgences or over-indulgences as obesity, smoking, abuse of alcohol and drugs; sexual promiscuity; environmental pollution; and various life styles that lead to psychosomatic illnesses. Inspite of the widely available automobile seat belts, how many use them at all or properly? Who and how many are willing to forego such "pleasures" as eating appealing high calorie foods? We have not yet to explain satisfactorily the Sirenian attraction of tobacco, alcohol, and drugs. The innate call of the flesh is seemingly indomitable. The demand for more fuel for more automobiles and for more electricity for convenience items is insatiable. Consumers are continually calling for more convenience packaging, which in turn multiplies the solid waste disposal problem. Who of us does not have some gradient or spectrum of sadism and/or masochism within us?

BY SELF

Except for environmental pollution, society as a whole can do very little to control these causes of disability and death. Government can pass laws regulating pollution and make every effort to enforce them, but little control can be effected in the other areas without severe restrictions on personal liberty which would prove intolerable. Control can only come through the decisions and actions of each individual. Much of man's personal health must be earned; it cannot be bought and given to him. Before he can earn, he must learn the art of healthful living and this requires active participation on his part. Change of an individual's ideas and practices can only be brought about by learning through one's own efforts. So long as one is passive toward a situation, no learning takes place. Moreover, people learn by doing, and the decisions they make usually are more important to them than decisions that are imposed on them.

It would seem appropriate for planners and decision makers in health at all levels to consider this problem carefully. Health professionals accept the concept that health is a necessity; however, most people do not appear to value health too highly until they lose it and particularly when they have to pay ever-increasingly more for reclaiming it. Society through various schemes may make health services more available and more easily accessible, but achievement of personal health will always be a personal responsibility and will demand personal positive action. Health planners and decision makers must espouse a strong recommitment to a program of positive health education and motivation with emphasis on personal responsibility for the maintenance and improvement of personal health.

Ayres



President's Page

BOOK REVIEW AND COMMENTS

The Quality of Mercy by Selig Greenberg is one of several current compendia of negative reaction to American medicine. It is similar to a recent book by Ed Cray, *In Failing Health, The Medical Crisis and the A.M.A.* and is similar in attitude to the Ehrenreichs' book, *The American Health Empire.* In accordance with a well established eleven year trend in journalism to emphasize the negative in America, the selection of medicine as an item for reader and listener interest is a natural one. Rather than attempting to deal with several of the above or with a local purveyor of television time who has long taken a mischievous delight in down grading physicians, I wish to draw attention to Mr. Greenberg's work.

Mr. Greenberg came to the United States from Russia. He sees much here of which he does not approve. As a prize-winning veteran medical writer for the Providence, Rhode Island *Journal-Bulletin* he has accumulated a well-stocked file on hospitals and physicians. Unfortunately the book suffers from about one hundred pages of repetitive material in its total of three hundred seventy pages. It appears that many of the writer's columns were transplanted into the book without adequate integration. A casual approach to the construction of the book is also indicated on page 291 in the statement, "Phony weight reducers gross about $100 billion annually." Physicians will recognize similar inaccuracy in his statement on page 170 that " . . . since 1955 the pretax net income of the average doctor in private practice has gone up two-and-one-half times."

The author finds that medical schools are poorly operated and among other defects fail to teach pharmacology properly. A quote on specialty training from page 182 follows, "The requirements for internship and residency training set by the AMA Council of Medical Education and the various specialty boards are minimal." This must come as shocking news to those of us who have actually survived such programs.

Mr. Greenberg sees essentially no redeeming value in the efforts made by the

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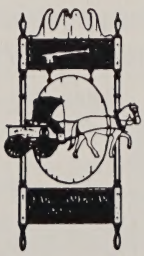

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American Medical Association for more than a century. Pursuit of this latter topic is hot, heavy, and repetitive between pages 78 and 367.

Like so many of his fellow travelers in negative medical journalism, Greenberg is distressed by infant mortality in the United States. He does not say that the 1969 rat is less than half the 1940 rate. He does not say that mortality rates in Sweden for deaths from pneumonia, from bronchitis, and from ulcer of the stomach are each almost twice as high as in the United States. He does say repeatedly that Sweden's infant mortality rate is much better than is true in the United States (which this reviewer might add is in turn better than West Germany's infant mortality rate).

This and similar books are recommended reading to anger physicians and thus stimulate stronger efforts to serve patients more efficiently. In a less than perfect world, such prods help us all to take a closer look at our imperfections and at what others regard rightly or wrongly as imperfections.

One gets a lonely feeling for a book on the topic, "What is Right in the United States". Somewhere in some line of endeavor in our nation there must be an American or two with compassion and empathy for his fellow man. Let it be hoped that a few spokesmen for the positive will emerge. To do so would require great courage and good fortune against the current vogue in press, radio, and television to brainwash ourselves into thinking that the United States is the worst and most hopeless of lands.

John W. Turner

John W. Turner, M.D.

HDMS COMMITTEES ANNUAL REPORTS 1970-1971

THE SECRETARY

The increasing pace of medical practice both within the private sector and hospital as well as community activities has kept your Society's headquarters extremely busy. Under the very able leadership of President John W. Turner, we have advanced in several new areas of involvements: the development of the Interhospital and Community Health Planning Committee chaired by Dr. William Beachman and the Foundation for Medical Care Committee chaired by Dr. Howard Simpson.

The annual reports of various committee chairman have been herewith published. Their short reports in no way attests to the countless hours and travel they and their committee members experienced to keep our Society abreast and in the forefront of its sister societies.

Our attendance at quarterly meetings has been quite satisfactory. In the current year 26 have joined our Society including 3 transfers. Two members resigned and 4 transferred from the Society. Eleven have unfortunately passed away from our midst. Our present membership stands at 515 of which 80 are senior members.

On behalf of the entire Society, I want to single out Mrs. Vivian Purdy, our Executive Secretary. It may be of interest to know that she has served our Society for ten years, effectively, earnestly and wholeheartedly. I will not be the first or last to congratulate her and to express my appreciation. Without her assistance I could not possibly carry out my work or duties to my membership.

I also wish to thank Mrs. Alicia Willard, her part-time assistant for her valuable help and of course our Assistant Secretary, Dr. Rocco Verrilli for his invaluable help throughout the year.

Setrag A. Zacarian, M.D., Secretary

EXECUTIVE-GRIEVANCE COMMITTEE

The Executive-Grievance Committee of the Society has met monthly during the past year except during July and August. Long, exhaustive hours have been put in on the third Tuesday of each month by the committee. "Executive Committee Highlights" is printed monthly in *The Hampden Hippocrat* for the memberships' information. Some matters are sent to various committees for study and referral with a report requested back to the Executive Committee.

During the year 27 written grievances against members were received from patients, third party payees and other physicians. Most of these grievances were resolved by this committee and two were sent to the Ethics and Discipline Committee of the Massachusetts Medical Society.

Setrag A. Zacarian, M.D., Secretary

BLUE SHIELD COMMITTEE

The Hampden District Professional Service Committee (the Blue Shield Committee) met several times during the past year. Enthusiasm of the committee gave ground to frustration as the year proceeded and the political maneuvering that was going on in the arena of the Massachusetts Medical Council concerning Blue Shield unfolded.

This has been explained repeatedly in the last several months for the benefit of the members of the Hampden District Medical Society, in *The Hippocrat,* very ably, by the Executive Councilor, Dr. Ayres; by means of the *Newsletters* from the Massachusetts Medical Society; and at the District Meetings, by reports from this Committee.

Suffice to say, throughout the state, there is an obvious ground swell of discontent with the activities of Blue Shield. Resolutions to change the Enabling Laws of Blue Shield to allow payment to a patient for services of a non-participating physician residing within the confines of the Commonwealth came from several districts.

One of these resolutions reached the floor for a vote at the most recent Council meeting and lost when the new president of Blue Shield convinced a majority of the Councilors present that he and the organization should be given an opportunity to improve the relationship between Blue Shield and the doctors of the state. Whether his were idle words or, indeed, can be taken at face value remains to be seen.

At that same meeting, the Councilors approved the action of the Voting Members of Blue Shield by which they voted out of existence Plan B. This was a necessary step to improve our position with the State Rate Setting Commission which persistently referred to that fixed schedule of fees when determining fee levels for the State Medicaid Program.

All members must be aware by now that Blue Shield has divided the state into two geographic areas and is reimbursing the physicians at a different rate for each area, based on "usual, customary and reasonable" within that area. The division is bizarre – within the circle of Route 128 and along the Massachusetts Turnpike roughly being the higher paid area – and exists inspite of the fact that the Councilors, last fall, voted opposition to it.

Much of our future relationship with Blue Shield, it would seem, will hinge on its reaction to the Massachusetts Relative Value Schedule. This adaptation of the California Schedule was passed by the Council at the last meeting and money was appropriated to provide each member of the Massachusetts Medical Society with a copy. As the members increasingly employ this Relative Value Schedule with unit values that are reasonably close to each other, the significance of a certain percentile on a wide scale will fade and reimbursement more closely approximating what is considered usual and customary may become a reality.

Joseph R. Kelly, M.D., Chairman

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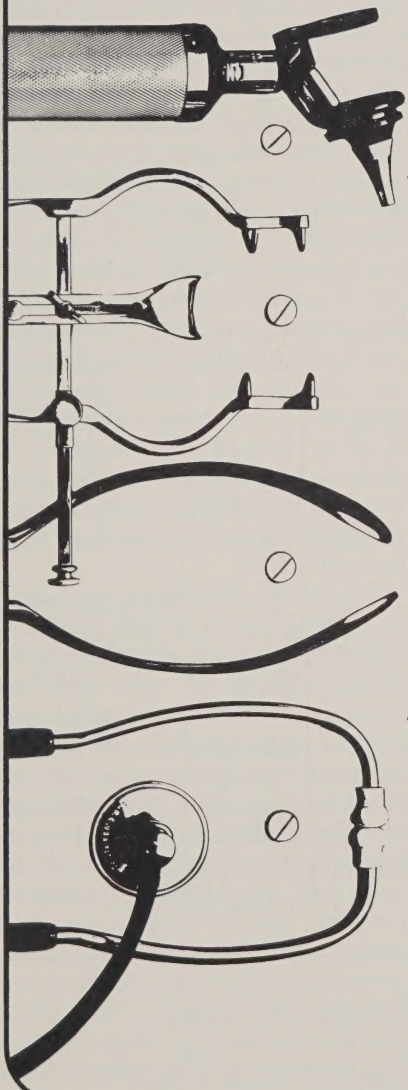

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BY-LAWS COMMITTEE

The By-laws Committee submitted one change to the membership during the year 1970-1971. Dr. D'Avanzo, Chairman of the Hospital Physician Relationship Committee, proposed that the District by-laws should guarantee due process and a hearing in the event a physician's hospital staff privileges are threatened. This proposal was approved by the members. Much thought was given to the problem by the Executive Committee and it was felt that the most flexible and workable manner to handle such a situation was through the Inter-hospital and Community Health Planning Committee. This committee has representatives from every hospital in the District, it is concerned with relations between the members of the society and hospitals and is the logical committee to hear a physician's complaint. Therefore, it was proposed and voted that this committee be made a standing committee and besides its other duties it is charged with establishing a guide to be followed if a member of the District requests help in preserving his hospital staff privileges.

Harry N. Memery, M.D., Chairman

BOARD OF EDITORS "THE HAMPDEN HIPPOCRAT"

The submission of this report marks the completion of twenty-nine years of the publication by *The Hampden Hippocrat* on behalf of the HDMS. During 1970-1971, *The Hippocrat* continued to appear monthly except for July and August with all issues consisting of 32 pages. Besides serving as a news bulletin for the Society, *The Hippocrat* has made every effort to present various views on such local, state, and national issues and developments as: national health insurance proposals, a regional consultative network, the malpractice insurance dilemma, area health planning, the abortion problem, Blue Shield matters, drug abuse, licensure of allied health personnel, and fee controls. The traditional "special theme" issues included: the Woman's Auxiliary, religion and ethics, and legislation. It was most flattering to have editorial and "President's Page" quotations in the *American Medical News.* this past year.

High praise and gratitude are certainly in order not only for all the members of the Board of Editors, but also for the various HDMS committee chairmen and their respective committee members as well as specially invited contributors who submitted highly informative items. *The Hippocrat* is a bulletin for and of each member of the HDMS; hence, we implore you to communicate your ideas, views, suggestions, questions, criticisms, and complaints. Members of editorial boards can become so inbred that myopia, astigmatism, and even blindness can ensue if there is no stimulation by innovative ideas and varying view points from the membership; hence, we implore you to communicate with us and share whatever is on your mind.

Financially, *The Hippocrat* had to tap its reserves for the fourth year in a row inspite of increased advertising rates and all-out efforts in effecting various economies. Inflation continues to outstrip our abilities to keep pace therewith via receipts from advertising. Faced with an increase in publishing costs at mid-year, fortune smiled when a new typesetter was found who would do the work at the previous same price.

Ernest A. Byron, Jr.

* * * * * *

SPRINGFIELD

However, *The Hippocrat's* financial reserves are fast dwindling. The only consolation is that no payments have to be made to the Internal Revenue Service because of the "red ink". If *The Hippocrat* is to survive as a self-supporting arm of the HDMS, then it needs help. The Board of Editors have and persistently continue to deplore the seeking of a direct subsidy from the parent organization. On the other hand, each and every member of the HDMS can help through his or her own unique personal contacts in the procurement of advertisers. Although the circulation is limited, the audience is highly select and prestigious so that it can be most attractive to many advertisers. An advertising rate sheet as well as assistance is readily available from Mrs. Arthur Willard, our Advertising Director.

As in the past, this report cannot be better concluded than by saying that indebtedness to many for so much is a way of life for *The Hippocrat.* To extend thanks to each individually is impossible and to single out certain ones is potentially slighting; hence, to one and all in a measure best assayed by each individually, our deepest and sincerest gratitude is hereby extended.

John C. Ayres, M.D., Editor-in-Chief

INTER-HOSPITAL AND COMMUNITY HEALTH PLANNING COMMITTEE

The subject matters that this committee studied and brought out for discussion were varied. One of the earliest questions we dealt with had to do with the corporate practice of medicine – the ethics of a physician working for an institution. This problem had been brought up because of the increasing numbers of physicians who treat patients yet, who receive their compensation not from the patient directly but from the institution which in turn collects fees from the patients. This question had been raised specifically by a resolution of our District Society. The matter was taken up with Dr. Thomas Gephart, Secretary of the Massachusetts Medical Society, and with Dr. Stanley M. Wyman, Chairman of the Massachusetts Medical Society's Committee on Hospital and Professional Relations. Dr. Wyman called our attention in the "Principles of Medical Ethics", 1955 edition, Chapter VII, Section 5, to the statement – "a physician should not dispose of his professional attainments or services to any hospital, lay body, organization, group or individual by whatever name called, or however organized, under terms or conditions which permit exploitation of the services of the physician for financial profit of the agency concerned." Since most hospitals are non-profit organizations, the clause "for financial profit of the agency concerned" is not applicable to salaried doctors working in hospitals. Furthermore, it is Dr. Wyman's opinion, in which we concur that to seek a solution would imply a legal opinion and more likely a court decision.

During the past 12 months there apparently were no physician-hospital grievances, at least no such problems were brought to the attention of this committee.

Several guest speakers were invited to our committee meetings. Dr. William Beachman, Chairman of the Peer Review Committee was very enthusiastic in supporting the Utilization Committees of the several area hospitals in an effort to ward off such Federal programs as Senator Bennett's "Professional Standards Review Organization." Doctors Goldfinger and Soper from Harvard

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Medical School accompanied by Mr. James Martin, Western Massachusetts Coordinator of the Tri-State Regional Medical Program, spoke before this committee in our October meeting about the training and availability of paramedical personnel. With the prospects of the release from the Armed Services of a large number of military corpsmen, we are likely to get some relief from the nurse shortage. Properly trained, paramedics do extend the usefulness of a physician in his service to the community.

Mr. Grant Heggie, Jr., Executive Director of the Western Massachusetts Health Planning Council, Inc., appeared at our committee meetings on 2 different occasions. As stated in the February issue of *The Hampden Hippocrat,* the Health Planning Council is fostered by the Federal Government. It seems to have the making of a powerful agency in directing the course of medicine in the not too distant future. The unpalatable part of this Planning Council is that of the 26 members of the Board of Directors and of the 37 Corporators there are only 2 physicians and 1 dentist. It is hopeful that this may be corrected in the near future. With the Federal Government and State agencies resolved to get involved deeper in the practice of medicine, the medical foundation concept for the practice of medicine in this area, similar to several scores of such foundations in the country, may well be the answer in our endeavor to maintain the practice of medicine with free choice of doctors and hospitals and fee for service as we know it today.

John J. Bandeian, M.D., Chairman

MEMBERS' INSURANCE COMMITTEE

In the Annual Report of the Members' Insurance Committee one year ago, it was indicated that the Committee was engaged in attempting to improve our Health and Accident Insurance coverage. Since then, the membership has been notified that with the helpful cooperation of our administrators, Lester L. Burdick, Inc., there has been an extension of the sickness benefits free of extra cost. This extension increased the non-confining sickness period from 5 years to 6 years, subject however, to a maximum benefit period of 10 years for both confining and non-confining sickness. At the present time, the Committee has under consideration a still further expansion which would provide weekly indemnity benefits in amounts comparable to the present program, but for a maximum benefit period to age 65 years. This new expanded policy would have no house confinement provision in it, and would be renewable to age 70 years, with a maximum benefit period of two years after age 65. The guaranteed conversion privileges, accidental death and dismemberment benefits, which are currently provided in the existing program, would of course continue. This expanded coverage would be optional for those desiring it at some increase in

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premium. Furthermore, under consideration are various waiting periods at reduced premiums so that those willing to accept longer waiting periods may have lower premiums. When and if the Committee completes consideration of this expanded program, announcement will be made to the membership at large.

We also have in Hampden District major medical coverage which ties in well with the Society's disability income program. This coverage, like the disability income program, is also administered by the Lester L. Burdick Co. There are only five other District Societies in the State which have this major medical expense program, and we are very proud of having such a program here in Hampden.

At the present time there are a total of 469 policies in force, with about 70% of the eligible members of the Hampden District Medical Society participating. Of these 95% of our members have the long-term plan, with very few members limiting their coverage to the basic program. In the past year, there were 35 claims which resulted in benefits to policyholders of $60,691.27. Four very serious loss situations resulted in payments of over $30,000 during 1970, and three of these losses are currently receiving benefits.

Meanwhile, the other officially approved insurance programs continue. We have a business expense insurance program, underwritten by the St. Paul Fire and Marine Insurance Co. and administered by the Lessere-Wertheim Co. We also continue to carry on a group basis the personal catastrophe policy, sometimes referred to as "an umbrella policy" administered by Field, Eddy, & Buckley Co. This policy has been of great value in increasing coverage for malpractice insurance over and above the basic malpractice coverage. This policy is recommended to our membership in order to increase malpractice insurance to $1,000,000 for those who already have the basic policy. A group life insurance policy administered by the Lessere-Wertheim Co. also continues in effect.

H. Bernard Tillman, M.D., Chairman

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PEER REVIEW COMMITTEE

A meeting of the Peer Review Committee was held in November, 1970.

Dr. W. Beachman played a transcript of the recent regional meeting of peer review representatives of the New England and New York areas arranged by the American Medical Association in Boston. Third parties – such as Blue-Cross, Blue Shield and other insurance companies – were also present.

It was pointed out that the prime purpose of peer review would be to improve patient care. Dr. Gephart pointed out that it would be important to be sure that physicians were not relegated to the status of technicians under any type of health plans. He also mentioned that it would be important to establish a common form which all third parties would accept for the purpose of reimbursement. The peer review committee would not interfere with hospital utilization committees, but would be available to them as consultants.

The peer review organizations as proposed by the AMA would be organized at a state level and each district society would have their own peer review committee.

The peer review committee at this local level will for now concern itself with maintaining high standards of medical care in this district. It was decided not to publicize this committee at the present although there were varied opinions. We would also await further information from the AMA and the state society regarding future guidelines.

William Beachman, M.D., Chairman

PUBLIC HEALTH COMMITTEE

The Public Health Committee has been inactive this past year. A meeting was attempted last October to discuss (1) ways of facilitating the frequently requested physical examinations for large groups by social agencies and (2) to evaluate the role of the physician in the school health program. Because of inadequate attendance it was not pursued.

Robert A. Sears, M.D., Chairman

SCHOLARSHIP COMMITTEE

The Scholarship Committee awarded a total of $1150 to three medical students and two nursing students this past year.

Mrs. Purdy attended a meeting of the Community Scholarship Clearing House during the year. She stressed to interested personnel the need to publicize the availability of these funds to students interested in Medicine. It is hopeful that more applications will be submitted this coming year.

B. Lincoln Wales, Jr., M.D., Chairman

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FOUNDATIONS FOR MEDICAL CARE

HOWARD N. SIMPSON, M.D.,
CHAIRMAN, HDMS COMMITTEE TO STUDY
FOUNDATIONS FOR MEDICAL CARE

The term "Foundations for Medical Care" is perhaps a slightly ponderous title for a type of organization that originated in California about seventeen years ago. Although the fact is seldom mentioned out loud nowadays, the primary purpose of the earliest of these corporate structures was to combat the growing influence of the then burgeoning Kaiser-Permanente groups. Since that time there has been a gradual increase in the number of these foundations and a widening of their field of influence as well as their target.

In the past two or three years there has been a very sudden acceleration of interest in this movement, particularly in the far and in the mid-west. Recently, for example, there has been a considerable amount of excitement generated by the Hennepin County Health Care Foundation in the Minneapolis-St. Paul region which enthusiastically describes itself as "A non-profit instrument of the medical profession, dedicated to an equitable distribution of quality health services, and the elimination of wasteful, unnecessary, and expensive practices in the health care field." It should be pointed out that these foundations are also very much concerned with under-utilization of medical care facilities, especially as they involve the treatment of the poor.

Only very recently has the eastern part of the nation begun to show a flicker of concern about such matters. It is one of the major tragedies of our society that organized medicine never moves with despatch when it comes to such issues as the economics of health care, and seldom stirs at all until it is prodded into action,

which on this occasion is being done by the very genuine threat of drastic Federal legislation.

WHAT IT IS

Annoyed and stimulated by a crescendo of criticism directed, often with justification, at the quality and the cost of medical care in their local communities, a number of medical societies throughout the country have now established, or are well on their way to establishing, these Foundations for Medical Care, which are succinctly defined by the Council of Medical Service of the AMA as follows:

"A Foundation for Medical Care is an organization of Doctors of Medicine, sponsored by a local County Medical Society. It is a separate and autonomous corporation with its own Board of Directors. Every physician member of the Medical Society may apply for membership in the Foundation for Medical Care, which is renewed annually, and upon being accepted, may participate in all programs and activities.

A Foundation for Medical Care is concerned with the development and delivery of medical services and the reasonable cost of health care, whether privately or publicly financed. A Foundation also believes in the American tradition of free choice of a personal physician and hospital by the patient, the fee for service concept, and the local control of over and under-utilization through peer review.

A Foundation for Medical Care establishes minimum standards for health care as practiced in the community which offer broad coverage within a reasonable cost level. The Foundation accepts the service principle of insurance, thereby making certainty of coverage available to all consumer groups covered by a sponsored program.

Quality of medical care is emphasized through utilization review techniques — both over-utilization and under-utilization, by both physician and the patient.

In summary, the Foundation for Medical Care is really nothing more than a highly organized active committee of a Medical Society."

Some of these "committees of a Medical Society" it should be noted, go far beyond any routine review of hospital admissions or hospital over-utilization, or even critical review of office practice. They may concern themselves definitively with health insurance contracts and claims, even to the point of approving or disapproving all claims submitted to local health insurance carriers. These procedures have been negotiated and agreed upon, in all instances, by the practitioners involved, the insurance companies, and the local labor unions and employers.

It would seem probable that the Hampden District Medical Society and other components of the Massachusetts Medical Society will be hearing more about such developments in the immediate future.

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One Man's Opinion . . .

HEALTH QUACKERY: 40 YEARS LATER

"It is true that the scientific reasons for preferring one piece of evidence to another are sometimes very strong, but they are never strong enough to outweigh our passions, our prejudices, our interests . . ."

– Anatole France in the preface to "Penguin Island."

The above is the same quotation used by Morris Fishbein, M.D. (past editor of the JAMA) on the first page of his widely read book "Fads and Quackery in Healing" (1). After tracing its evolution from time immemorial, the author, in his inimitable style, depicted lucidly the health quackery rampant in the early 1930's.

The 40 years or so that have since elapsed apparently have done very little to improve the situation. In 1969 alone, the people of this nation spent an estimated two billion dollars on health cults and quackery. (This amounts to more than all the money spent that year for research and health education combined.) In terms of life and health the price, needless to say, is inestimable.

THE NEW FACE OF QUACKERY

According to one AMA researcher "The quack has not disappeared at all. He has only changed his style." Gone is the huckster with his frock coat and stovepipe hat. Today he is more subtle and more "Madison Avenue." He uses indiscriminately "scientific" terms to befuddle the gullible. But his wares are the same. The most notorious hoax of 4 or 5 decades ago was the "Abrams Electronic Box"; more recently it was the Krebiozen and Laetrile "Cancer Cure." Chiropractic, which 40 years ago was unthinkable in our State, today this cult enjoys legislative sanction. The irony of it is that it was legalized here shortly after HEW showed that there was no evidence whatever that chiropractic had anything to do with diseases. The final recommendation of HEW to the U. S. Congress is worth repeating. It reads:

"Chiropractic theory and practice are not based upon the body of basic knowledge related to health, disease and health care that has been widely accepted by the scientific community. Moreover . . . the scope and quality of chiropractic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment. Therefore, it is recommended that chiropractic service not be covered in the Medicare program."

It is encouraging that the MMS is hard at work even now to rescind or at least to emasculate the existing chiropractic act. Assurance comes from Dr. James D. Allan, our Legislative Councilor, that chiropractic is far from being a dead issue in our Commonwealth.

51st ANNIVERSARY YEAR

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REASONS FOR GULLIBILITY

A number of reasons have been offered to explain the prevalence of quackery in our midst: (1) people crave miracles or even the mere promise thereof; (2) the sick are anxious for a guaranteed cure and who else but the quack is willing to promise it; (3) most people accept everything they see in print as gospel truth; and (4) many believe that nothing would be allowed by the government that might be harmful.

Most gullible are the misinformed, the ignorant and the superstitious. This is understandable. What is not so easily understandable is the gullibility of some people who otherwise are quite knowledgeable. As Dr. Fishbein points out in his aforementioned book "The people who follow the charlatan are not all ignorant." Examples he offers include Henry Ward Beecher and Upton Sinclair. A more modern example is that of author John Gunther. We quote now from an article by Harriett E. Northrup, M.D. (JAMWA, Sept., 1967).

"Why do patients go to quacks? The answer is dramatically given in the book by John Gunther, *Death Be Not Proud,* the true story of his son's fight against cancer of the brain at the age of sixteen. Told by the best doctors in New York that there was no hope, the family tried everything, even health foods. Vegetable juices combined with freshly squeezed juice of calves liver which had to be administered soon after squeezing; it was necessary, therefore, for the boy to be confined to the establishment of the quack. The system was tried soon after a course of X-Ray and seemed to show results for a time. The book is a remarkable account of how the best neurologists and brain surgeons in New York tolerated the switching back and forth of this family in their agony from quack to the university hospital."

Organized medicine has been waging war against health charlantry for many years now. A single call to the AMA, through the good offices of Mrs. Purdy, brought forth a score of anti-quackery pamphlets. At its first convention in 1847, the AMA delegates resolved that "physicians, as conservators of the public health, are bound to bear emphatic testimony against quackery in all its forms." The HDMS, for its part, has been cooperating wholeheartedly with governmental agencies in the fight against quackery whenever and wherever it rears its ugly head.

WHAT ELSE CAN BE DONE?

It has been suggested that the curriculum of our public schools be modified to include greater emphasis on biologic studies. It is distressing to find a student well versed in rocketry or the quantum theory, yet almost completely in the dark as to the fundamentals of human nutrition. Even more distressing is the case of the arthritic college professor who, admittedly, never consulted a physician but resorted instead to all sorts of nostrums and gimmicks including copper bracelets, "immune" milk, colonic irrigations, "organic" foods, mineral springs, vibrating machines, vinegar and honey, and a large variety of patent medicines.

In the final analysis the most effective weapon against quackery is public consumer education. As physicians we are in an excellent position to offer direct advice and guidance to our patients. As a District Society we can help the people learn to recognize the quack and the charlatan. We can also show the public where to turn for answers to questions involving the possibility of health quackery. The dissemination of a pamphlet bearing such information may well serve to solve, at least in part, the quackery problem, a problem that has been plaguing our nation for altogether too many years.

Millman

(1) Fad and Quackery in Healing, by Morris Fishbein, M.D., 1932, Blue Ribbon Books, Inc., New York.

Quack

I. HOW TO RECOGNIZE HIM:

1. The quack often uses a special or "secret" formula or machine that he claims can cure disease.

2. He may promise or imply a quick or easy cure, or he may talk about "pepping up" your health.

3. He advertises, using his "case histories" and testimonials from his "patients" to impress people.

4. He refuses to accept the tried and proved methods of medical research and proof. He clamors constantly for "medical investigation" and recognition, but he avoids a test or stops short of giving the data needed for a scientific evaluation.

5. He claims medical men are persecuting him or that they are afraid of his competition.

6. He claims that his method of treatment is better than surgery, X-Rays, and drugs prescribed by a physician.

II. WHEN IN DOUBT CONTACT ONE OF THE FOLLOWING:

Hampden District Medical Society
1414 State Street, Springfield, Mass. 01109

American Medical Association
535 N. Dearborn Street, Chicago, Illinois 60610

Federal Trade Commission
Bureau of Deceptive Practices, Washington, D.C.

Food and Drug Administration
Department of Health, Education and Welfare, Washington, D.C.

Post Office Department
Bureau of the Chief Postal Inspector, Washington, D.C.

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219 East 42nd Street, New York, N.Y.

The Arthritis Foundation
1212 Avenue of the Americas, New York, N.Y.

National Better Business Bureau
230 Park Avenue, New York, N.Y.

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COMMUNITY PARTICIPATION IN COMMUNITY HEALTH SERVICES

Community participation and control of health services in this country is nothing new but rather very old when one considers the accepted methods whereby boards of trustees have seemingly always controlled voluntary hospitals and voluntary health agencies; boards of health, official health departments; and religious groups, such facilities as Catholic, Protestant, and Jewish hospitals. In the example of voluntary hospital and agency boards, the community has been rather limited to so-called civic leaders, those with wealth and the willingness to part with some of same, and those with desire and leisure to give time freely to a specific institution or agency. At the turn of this century, there were quite a few farm cooperatives in the Midwest which developed consumer-owned group practices; most have now become defunct. Today, almost all prepaid group practices are urban in character and for the most part community or consumer controlled except for the Kaiser-Permanente Health Plan. So we see that community participation and/or control of health services has long been with us and has been relatively noncontroversial until lately when it has become an important political and social issue.

WAR ON POVERTY

Today in this country there seems to be a widespread demand for participatory democracy and an accompanying desire for participation and control by groups "which rather notoriously have not had it in the past" – low income and minority groups. The war on poverty programs with their attempts to involve the poor as an action group in the solution of their own problems seemed to have sparked these highly controversial demands for community participation in decision making and control of social systems including health services. In 1965, this became an important political issue when the Office of Economic Opportunity Program began with a legislative mandate for "maximum feasible participation by the poor" in all programs designed to benefit the poor. Regardless of whatever one's feeling may be toward antipoverty programs, there is currently a general consensus that participatory democracy in the form of community participation has been a failure. Students of these programs admit that independent and self-interested action of the poor in public affairs went down the drain yielding to doing just as their elitest members would have them do.

Although some such anti-poverty programs as "head-start", neighborhood health centers, and legal services met with some success, the Community Action Programs (community control of anti-poverty services) failed for a variety of alleged reasons. There are those who blame Congress because it gave no planning time for this new endeavor and forced the Office of Economic Opportunity into fullblown action unprepared. Moreover, Congress is accused of responding to unfavorable

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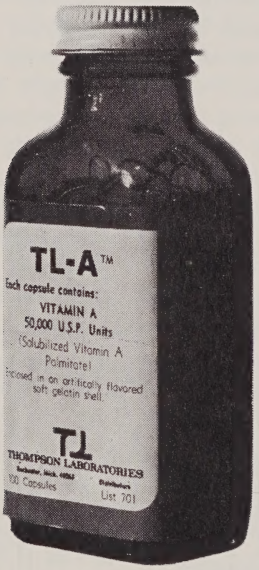

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local political developments by weakening community participation provisions of the law and finally limiting the amount of money needed. Others in addition blame the various devisive factions prevalent in the Office of Economic Opportunity leadership; the exertion of local political pressures when established political power structures were threatened; and finally the ineptness, lack of experience, internal divisiveness over power, and even corruption in various community action agencies.

HEALTH SERVICES

Although official community action programs have met with failure, the concept of consumer participation and control is not dead particularly in the field of health where demands are increasing almost daily and various providers of health care are being forced to listen attentively. Effective consumer participation in health policy making with special emphasis on meaningful representation of the poor is being pushed by a variety of strong forces. Community participation is being discussed and considered by such professional organizations as the AMA, the American Hospital Association, and the American Public Health Association. Inroads for the most part have been spotty and limited to certain health institutions. The mainstream of medical care as represented by hospitals and professional organizations has not as yet been seriously affected, but some leaders in the field are beginning to advocate consumer participation. The Joint Commission on Accreditation of Hospitals is considering an advisory committee of consumer representatives as well as the AMA's Board of Trustees.

The greatest inroads for consumer participation have been made through legislative mandates. The Office of Economic Opportunity is a prime example with its neighborhood health centers and their community advisory or governing boards. The Public Health Service has community participation built into a number of its programs, especially, the neighborhood health center provisions where local groups are actual grantees and serve as governing boards

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The Comprehensive Health Planning guidelines call for 51% consumer representation on the governing boards of regional comprehensive health planning agencies with at least 20% representation of minority and disadvantaged groups on the planning board and major committees. The Community Mental Health Centers Act calls for community participation. Both Medicare's Health Insurance Benefits Advisory Committee and Medicaid's Advisory Council call for consumer representation.

Various organizational patterns exist currently for consumer participation in health services. These vary from advisory committees and governing boards composed of consumers and providers to "rubber-stamp" and power arrogate health councils as well as "boot-strap" organizations. Controversy and conflict pervade involving such issues as control of money and jobs, power structure reversals, role relationships between professionals and consumers, definition of community representation, traditional professional qualifications and credentials, militancy, and radicalization.

At this stage of social evolution, it is difficult to predict the future of community participation and control of health services in this country. Strong forces are at work so that change seems inevitable with the outcome depending on political as well as consumer and provider decisions. Will there be more, broader, and accelerated participation of community representatives (whomever they may be) in the planning, delivery, and financing of health services in this country? Where will the power eventually repose? More important, what will be the role of the physician-leader or follower, statesman or cog?

Ayres

THE ANNUAL MEETING of the SPRINGFIELD ACADEMY OF MEDICINE

TIME: TUESDAY, MAY 11, 1971
6:30 P.M. Social Hour
7:00 P.M. *Dinner
8:00 P.M. Business Meeting
Election of Officers

PLACE: STORROWTON TAVERN
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SPEAKER: JAMES A. REYNOLDS
Washington Editor
Medical Economics

TOPIC: "NATIONAL HEALTH INSURANCE"

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HIGHLIGHTS OF THE MARCH EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday, March 16, 1971 in the Conference Room of the HDMS. Present were Drs. Turner, Bandeian, Moore, Verrilli, Fisher, Sullivan, Gilchriest, and Mrs. Purdy.

The meeting was called to order by Dr. Turner at 8:10 P.M.

The minutes of the February meeting were read and approved.

A letter from Dr. Sullivan suggested inviting hospital based physicians to a HDMS meeting. It was decided to invite the senior residents to the Annual Meeting in April.

OLD BUSINESS

The New England Telephone Company confirmed by letter that a mistake had been made in the Holyoke telephone book and expressed the assurance that all calls would be intercepted and referred to the telephone in the office of HDMS.

Dr. Hahn was unable to appear to discuss the Medico-Legal Code. However, he wrote his answer to the three points that were controversial. The explanations were accepted for the last two but not the first, namely, Section I, (c) "and except in unusual cases, the charge made by the physician for the report, if any, shall not exceed $15.00." It was felt by the Committee that this charge is not adequate for a report; hence it was referred back to Dr. Hahn's committee.

Two meetings are to be held on different dates relative to Foundations. One will be held in Rochester, New York on the Monroe Plan and one by the AMA in Las Vegas. It was decided that Dr. Hayes attend the AMA meeting and bring back a report on Foundations for Medical Care. Dr. Bandeian indicated that he would like to attend the Rochester meeting. As the registration fee is $150 it was decided to find out from MMS if there are any funds available from them to send some representatives to this meeting.

Dr. Turner has been asked to serve on a committee chaired by Mr. Herbert Almgren to assist the Springfield Municipal Hospital in developing "an optimum program in terms of meeting the entire community's needs for health care service." It is hoped that this task force will complete their study and bring in a report within six months.

An informational notice from the Louisiana State Medical Society on the hazards of accepting assignments was read. The Louisiana State Medical Society is using a simplified insurance form for their members.

The MMS is sponsoring a joint meeting with the pharmacists and dentists in Boston on April 14, 1971. Mrs. Purdy is on the agenda to discuss drug store advertising.

COMMITTEE REPORTS

All the annual committee informational reports that had been sent to the Office, were approved by the Executive Committee and are published

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NEW BUSINESS

Dr. Fine, Director of Medical Affairs of the Massachusetts Medical Service, wrote to Dr. Turner and offered to provide a program for a HDMS meeting next year devoted to Blue Shield Programs. This was given to Dr. Bandeian as a possible subject for a meeting.

A letter written by Dr. Turner to Mr. Heggie of the Western Massachusetts Health Planning Council was read. This concerned Health Maintenance Organizations, and Dr. Turner elaborated to some extent the functions of HMO's and Foundations for Medical Care. Dr. Turner read a report sent to the Executive Committee from Dr. Simpson, the chairman of the Ad Hoc Committee on Foundations for Medical Care. A meeting was planned for March 24, 1971 in the Conference Room of the HDMS. Invited to attend this meeting are the Interhospital and Community Health Planning Committee, the Ad Hoc Committee on Foundations for Medical Care and the Executive Committee. Mr. Bodenstein, President of the Computer Health System, Inc., will be present to speak and answer questions.

Dr. Howard, Executive Vice President of the AMA, wrote asking for physician cooperation in answering a survey on National Ambulatory Medical Care.

The Massachusetts Heart Association asked for the names of physicians to train nurses in the use of the Coronary Care Unit. Dr. Moore will supply a name and let the HDMS know.

Mr. Paul Sears, President of the City Council, telephoned the Office and asked for a letter stating that additional rest homes are needed in Springfield. A discussion followed on the difference between ECF's, convalescent homes, rest homes, etc. Mr. Sears will be contacted and asked to elaborate in writing to the Committee on his request.

A suggestion that the HDMS become involved in Sickle Cell Anemia testing was discussed. This was referred to the Public Health Committee for evaluation.

A resolution sent to the HDMS from the Western Branch of the Harris County Medical Society in Texas was read and concerned itself about the encroachment

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of government in the private practice of medicine. This was informational.

Mrs. Purdy gave a report on a meeting that Dr. James Allan and she attended in Washington, D.C. on AMPAC. She reported that the physicians attending from Massachusetts had enthusiastically decided to reactivate the old BAYPAC. A written report will be given by Dr. Allan who was appointed as Chairman with Mrs. Purdy as Secretary-Treasurer. A leader's program that is sponsored by the AMA is being planned with the Hartford County Medical Society for March of 1972. The tentative dates have been chosen and Mr. Enright of the AMA will be contacted for confirmation.

Dr. Sullivan spoke about HDMS writing thank you notes to the colleges and schools that have participated in the Blood Bank Clinics. The Committee agreed that this was an excellent idea; and Dr. Sullivan will give names to Mrs. Purdy for these letters.

The meeting was adjourned at 10:00 P.M.

The Grievance Committee met and heard three cases.

The meeting was adjourned at 10:45 P.M.

Correspondence . . .

THINKING OF US

To the Editor:

I have changed my address again; this time back to South East Asia, probably for a couple of years but one never knows. I do want to continue receiving *The Hampden Hippocrat,* particularly for the occasional bits of personal news, but as well for the insight into the way doctors are thinking and facing their problems in Hampden County. Already the changes have been so complete that I would hesitate to reassume practice and try to cope again. For me working for the government has been ideal.

I have a nice house, three bedrooms and two baths, air conditioned and three servants, so I would like to welcome any of my colleagues for a visit who are on their way around the world and who might be disposed to stop over in Djakarta.

Harold J. Holleran, M.D.
American Embassy
APO SF 96356

MARK YOUR CALENDAR NOW!

HDMS Annual Meeting, April 27
HDMS Executive Committee Meetings, May 18 and June 8
MMS Annual Council Meeting, Boston, May 26
MMS Annual Meeting, Boston, June 1-3
American Psychiatric Association, Washington, D.C., May 3-7
National Tuberculosis and Respiratory Disease Association, Los Angeles, May 16-19
American Society for Aesthetic Plastic Surgery, Boston, May 16-19
AMA Annual Meeting, Atlantic City, June 20-24

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In Memoriam

PAUL NATHAN, M.D.

1898-1971

Dr. Paul Nathan of 81 Woodbridge Street, South Hadley, died at the Holyoke Hospital on March 7, 1971.

Born in Germany, on May 22, 1898, Dr. Nathan studied at the Universities of Heidelberg and Munich before obtaining his medical degree at the University of Freiberg in 1922. He practiced medicine in his hometown of Offenburg (Baden), Germany, for over 10 years before coming to this country in 1935. After a year's affiliation at the Beth Israel Hospital in Boston, he came to Holyoke in 1937 where he engaged in the private practice of internal medicine until his recent prolonged illness.

Dr. Nathan served on the medical staffs of the Holyoke and the Providence Hospitals for many years. He was a member of the AMA, MMS, HDMS, and the Springfield Academy of Medicine, of which he was president in 1962.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

In Memoriam

GEORGE B. CORCORAN, M.D.

1884-1971

Dr. George B. Corcoran of 45 Ohio Avenue, West Springfield, died at the Mercy Hospital on March 14, 1971.

Born in West Springfield on March 22, 1884, Dr. Corcoran attended local schools and went on to receive a BA from Brown University in 1906 and his doctorate in medicine from the Harvard Medical School in 1910. After a two year internship at the Worcester City Hospital, he returned in 1914 to the Springfield area, where he practiced medicine and surgery until his retirement.

Dr. Corcoran served for many years on the medical staff of the Mercy Hospital and was president thereof for quite a few years. He was a fellow of the American College of Surgeons and a member of the AMA, MMS, HDMS, of which he was president in 1919-1920, and the Springfield Academy of Medicine, of which he was president in 1928-1929. Besides his medical career, Dr. Corcoran also found time for distinguished community service in various capacities to his native town. He served in the Medical Corps of the U. S. Navy during World War II.

To his family, his friends, and associates deepest sympathy is hereby extended.

CAREER TERMINATION AND OFFICE PATIENT RECORDS

What steps might be taken by a retiring physician, or by a widow of a deceased physician, to both protect his own interests and preserve his patient's interests? Although there is no definite set legal or ethical policy, the following excerpt from *The Doctor and The Law,* Vol. X, No. 7, May, 1967, succinctly delineates the AMA's recommendations:

"1. It is highly desirable for the records of a retired or deceased physician, to be preserved for a reasonable length of time.

2. All medical records which might be of value to the physician in defending any existing or potential malpractice claims, should be retained until the expiration of the applicable statute of limitations. (Each physician should ascertain the limitation period applicable to malpractice actions in his state.)

3. Business records which might help the physician or patient in connection with their tax returns should be retained for at least four years; seven years for general contractual protection.

4. Patients should be told by the surviving widow (or her representative) or the retired physician that their records will be transferred to any physician whom they may designate as their new attending physician, except for the records referred to in No.2 and No. 3.

5. Patients should be told that they may receive a copy of their records, for use in insurance and other claim forms, provided that they pay the cost of reproducing them.

6. Records of minors should be retained until the patients reach their majority (or die) and then for the additional period of the statute of limitations.

7. If the records are not needed for malpractice protection, and if no request has been made within a reasonable length of time, that the records be transferred to a new personal physician, the records may be destroyed, subject to the condition of No. 6.

8. A basic and underlying condition that should be constantly borne in mind is: the records should not be given to, nor the contents of the records revealed to, any third person without the patient's consent."

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Pediatric Guest Lecture Series

Thursday, May 6, 1971

SHERWIN V. KEVY, M.D.
Associate in Hematology,
Children's Hospital Medical Center;
Assistant Professor of Pediatrics,
Harvard Medical School,
Boston, Massachusetts

TOPIC: Changing Patterns in Hepatitis in Pediatrics

LOCATION—Auditorium
5:30 P.M.—Clinical Session
6:30 P.M.—Dinner
8:00 P.M.—Formal Lecture

(Dinner by Reservation)
787-4440

All physicians, residents, interns, nurses and military personnel are invited to attend.

HAMPDEN CAPSULES

Dr. James Allan and Mrs. Purdy attended an AMPAC meeting in Washington, D.C.

"You, Your Child and Sex" will be the topic of a combined meeting of PTA's in Longmeadow with two physicians participating: Drs. Izsak and Plotkin.

Dr. D'Avanzo was guest speaker at the Lehigh County Medical Society in Allentown, Pennsylvania. His topic was "A Plea for Stronger Medical Societies".

Dr. Forbes spoke at the D. J. St. Germain Campus Center at Western New England College on "Birth Control, Contraception and Abortion".

Dr. Hirschhorn spoke to the Association of Operating Room Nurses with slides on urethroplasty.

Dr. Moore, Chairman of the Board of the Western Chapter of the Massachusetts Heart Association, announced the formation of a Nutrition Committee.

Dr. Giammalvo, Pathologist at Providence Hospital, has transferred his membership from Suffolk District to Hampden.

Dr. Pace will speak to the Women's Division of the Chamber of Commerce on Cancer.

Dr. Turner, President of HDMS, spoke to the Kiwanis Club of Springfield on "Do It Yourself, Preventive Medicine".

Dr. Bandeian and Mrs. Purdy attended the Annual Meeting as guests of the Hartford County Medical Association.

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